



TOWN OF SEABROOK PUBLIC WATER SYSTEM
550 Route 107 - PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9921 Fax: (603) 474-3399
WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? ☒ YES ☐ NO

DATE: 03/16/2025

APPLICANT NAME/CORPORATION: Darren Locke
APPLICANT ADDRESS: 42 Collins St
CITY: Seabrook N.H. ZIP CODE: 03874
E-MAIL ADDRESS OF APPLICANT: DLocke84.DL@gmail.com
HOME PHONE: N/A
WORK/OTHER PHONE: 603-957-7160

LANDOWNER/BILLING NAME: _____
BILLING ADDRESS: _____
CITY: _____ ZIP CODE: _____
E-MAIL ADDRESS OF LANDOWNER: _____
HOME PHONE: _____
WORK/OTHER PHONE: _____

SERVICE ADDRESS: 42 Collins St

TYPE OF CONSTRUCTION: (Check All That Apply)
☒ MOBILE/MANUFACTURED HOME ☐ COMMERCIAL ☐ NEW CONSTRUCTION ☐ INDUSTRIAL ☐ RESIDENTIAL ☒ SINGLE FAMILY ☐ MULTI-FAMILY ☐ CONDO
ASSESSOR'S MAP-LOT-SEQ: _____
"UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE"

NO. OF STORIES IN BUILDING: 2 BUILDING SIZE IN SQUARE FEET: 1536 TOTAL PARCEL AREA IN SQUARE FEET: _____
FIRE DEPARTMENT REQUIREMENTS: ☒ NONE ☐ SPRINKLE ALL ☐ SPRINKLE GARAGE ONLY
FIRE HYDRANTS REQUIRED: ☒ NONE ☐ PUBLIC (NO. OF HYDRANTS: _____) PRIVATE (NO. OF HYDRANTS: _____)
IS THERE A WELL ON THE PROPERTY? YES ☒ NO
WILL A PUMP BE USED TO BOOST PRESSURE? YES ☐ NO
WILL THERE BE LANDSCAPE IRRIGATION? YES ☐ NO
FLOW OF EACH SPRINKLER HEAD IN GPM: _____ IF YES, NUMBER OF SPRINKLER HEADS: _____
TOTAL IRRIGATED AREA IN SQUARE FEET: _____
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: _____

SERVICES - LIST ALL REQUIRED PER PARCEL					
POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:	JACUZZI TUBS	KITCHEN:	LAUNDRY ROOM:	MISC/OTHER:
TUBS/SHOWERS: 2	3	DISHWASHERS: 1	CLOTHES WASHERS: 1	HOSE BIBS: _____
TUBS ONLY: N/A	TOILETS: 3	SINKS: 1	SINKS: N/A	BAR SINKS: N/A
SHOWERS ONLY: N/A	URINALS: N/A			POOL (SIZE: _____) DESCRIBE: _____
SINKS: 3	BIDETS: N/A		3	

Bed Rooms

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING)

LAND OWNER'S SIGNATURE: [Signature]

By signing above, I agree I will not hold the Seabrook Water Department responsible for any damages to my property, which may be incurred during, or as a result of the water installation.
DATE: 03/20/2025
"ALSO: THIS APPLICATION WILL EXPIRE 2 YEARS AFTER APPROVAL BY THE BOARD OF SELECTMEN and THE FEE WILL BE NONREFUNDABLE"

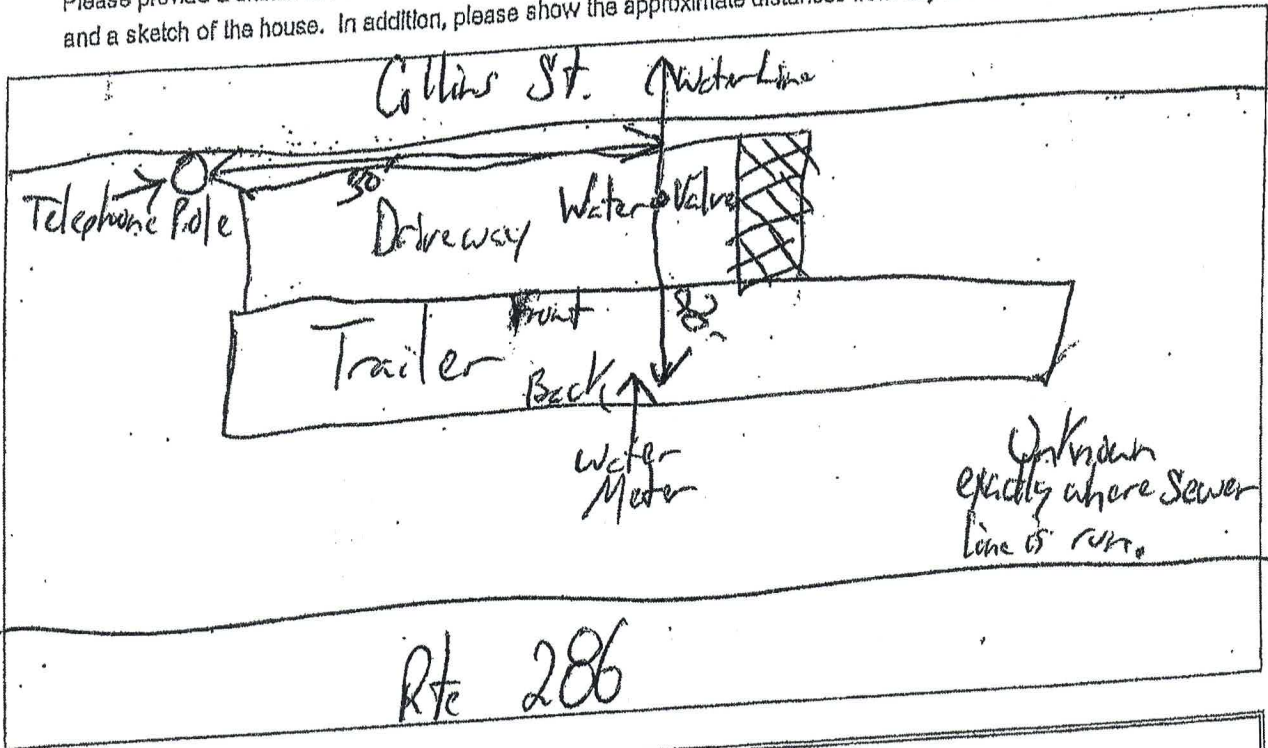
CORPORATION NAME: _____ OFFICER'S NAME & TITLE (PRINT): Darren Locke
APPLICANT/CORPORATION'S OFFICER SIGNATURE: [Signature] DATE: 3-27-25



TOWN OF SEABROOK PUBLIC WATER SYSTEM
550 Route 107 ~ PO Box 456, Seabrook, NH 03874
Phone: (603) 474-9921 Fax: (603) 474-3399
WATER SERVICE APPLICATION

Service Connection Ties
Address: 42 Collins St, Seabrook, N.H.

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition, please show the approximate distances from any sewer lines on the property.



Connection to Building
The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the Rules and Ordinances of the Town of Seabrook and the State of New Hampshire. Water lines are required to be inspected by the Water Department before backfilling.

-OFFICE USE ONLY-

GRANTED _____ DENIED _____ DATE _____

REASON FOR DENIAL: _____

Board of Water Commissioners

(Chairman)

Eric [Signature]
Water Superintendent

3/31/25
Date

AMOUNT PAID: \$1195.50

CASH CHECK # Cash

DATE RECEIVED 3-27-25 BY MS

was 2 bedroom
now 3 bedroom